

JAMES E. RISCH - Governor KARL B. KURTZ - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

August 22, 2006

Ann Oglevie Weiser Memorial Hospital 645 East 5th street Weiser, ID 83672 Adog 3713

Dear Mr. Dahlstrom:

This is to advise you of the findings of the State Licensure and Medicare Fire Safety Survey of Weiser Memorial Hospital conducted August 10,2006.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, and State Form listing fire and life safety deficiencies that will require a Plan of Correction. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

Ann Oglevie Administrator August 22, 2006 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by September 4, 2006, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

Taylor Barkley

Health Facility Surveyor

Fire Life Safety

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Enclosures

Weiser Memorial Hospital 645 E. Fifth Street Weiser, Idaho 83672

208-549-4450

12 September 2006

Taylor Barkley
Health Facility Surveyor
Life Safety Code
Idaho Department of Health & Welfare

I have enclosed the findings of the State Licensure and Medicare Fire Safety Survey concluded on 10 August 2006 with our Plan of Correction.

If there are questions concerning the corrective actions or documentation included, please call Steve Domby at 208-549-1051 or myself.

Thank you,

Emmett C. Schuster

Interim CEO

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL B. WING	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED 08/10/2006				
NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>				
WEISER MEMORIAL HOSPITALL 645 E. STH ST. P.O. BOX 550 WEISER, ID, ID 83672					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREPIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATION) TAG CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	DE COMPLETE				
The hospital consists of an original single story protected non-combustible building with a partial finished basement constructed in 1950. The original building has undergon a numerous minor interior remodels since the original construction. A single story addition was completed in 1994 to include a new surgical suite and maternity center. The '94 addition is two (2) hour separated from the original building. The '94 addition also included conversion of the original surgery suite at an extended emergency suite. The '94 addition is protected throughout by an automatic fire extinguishing system and the entire fire alarm system was upgraded as part of the '94 addition. To the south of the main hospital entry is a two (2) hour separated clinic which is not part of the hospital occupancy. The Fire & Life Safety survey was conducted by Keith Barkow, Bureau of Facility Standards, Idaho Department of Health and Welfare.					
K 046 NFPA 101 LIFE SAFE TY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based on observation, the facility failed to ensure that required exit access consider emergency lighting was in place. Two (2) of Eight (8) emergency access areas did not have emergency lighting within the facility. Findings included:					
1. On 8/10/06 at 11:30 am it was observed that no emergency lighting was available or installed in the ABORATORY DIRECTOR'S OR PROVIDER: OPPLIER REPRESENTATIVES SIGNATURE. TITLE	(X6) DATE				

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection is the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (K1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 - ENTIRE HOSPITAL B. WING 131307 08/10/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WEISER MEMORIAL HOSPITAL. 645 E. 5TH ST. P.O. BOX 550 WEISER, ID, ID 83672 SUMMARY STATISMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY LIUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LECTOENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE DAT DATE DEFICIENCY) K046 Emergency Lighting K 046 Continued From Page | K 046 Local contractors are being sought to basement. propose cost estimates for the kitchen corridor and basement corridor 2. On 8/10/06 at 11:30 am it was observed that no emergency lighting. emergency lighting was available or installed in the kitchen corridor. Alternate sources of Emergency Lighting are being identified until Observations were wimessed and noted by surveyor 9/3/1/96 a more absolute solution is found. and facility maintenance supervisor. K 047 NFPA 101 LIFE SAFETY CODE STANDARD K 047 Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system, 19.2.10.1 This Standard is not must as evidenced by: Based on observations, it was determined the facility failed to ensure proper :lisplay and illumination of exit signs. One (1) exit sign of Eight (8) within the facility was not adequately illuminated. Findings included: K047 Exit and Directional Signs 1. On 8/10/06 at 11:30 am it was observed that the 8/11/06 north entry exit sign was not functioning due to 1. Corrected Installed a new bulb. burned out light bulbs within the fixture. 2. Discussed with the local Fire Marshall how Observation at 11 30 am revealed that no exit best to light and place the signs. sign fixtures were installed in the Kitchen corridor. Will have electrical supply available for signs. 3. Observation at 11:30 am revealed that no exit 2. Exit signs and lighting fixtures sign fixtures were installed in the basement. have been ordered.

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FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 - ENTIRE HOSPITAL B. WING 131307 08/10/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER. 645 E. 5TH ST. P.O. BOX 550 WEISER MEMORIAL HOSPITAL WEISER, ID, ID 83672 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LED IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE STACE DEFICIENCY) K 072 Continued From Page 2 K 072 K 072 NFPA 101 LIFE SAFETY CODE STANDARD K 072 Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This Standard is not seet as evidenced by: Based on observations, it was determined the facility failed to ensure the fire exit access was free of obstructions and readily accessible at all times. Findings included: 1. On 8/10/28/C6 at 11:40 am it was observed that K 072 Egress Lanes Three (3) large oxyger, tanks on wheeled carts were stored in the corridor blocking access to fire exit Corrected. Respiratory Technician removed doors. Tanks were immediately moved into the he tanks and carts to a safer storage location. oxygen storage room and secured. One (1) of Eight (8) emergency fire exits had been partially obstructed. 9 hts/ql Corrected. All items listed have On 8/10/28/06 at 11:00 am to 11:10 am it was been moved to safer storage areas. observed that medical equipment, bed, and a TV monitor were permanently being stored in the corridor outside the ER exit couridor. 3.. Corrected. Maintenance moved the 3. On 8/10/28/06 at 11:00 am to 11:10 am it was copy machine to the external storage building. observed that an old non working copy machine was being stored in the main corridor. On 8/10/06 at 11:40 am it was observed that Corrected as per item #1, tanks and Three (3) large oxyge: cylinders on a wheeled cart carts moved to safer storage area. were stored in the corn dor across from the designated oxygen storage room. Oxygen cylinders were moved

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FÖRM APPROVED -CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 - ENTIRE HOSPITAL B. WING 131307 08/10/2006 NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS, CITY, STATE, ZIP CODE WEISER MEMORIAL HOSPITAL 645 E. 5TH ST. P.O. BOX 550 WEISER, ID, ID 83672 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY LIUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 072 Continued From Page 3 K. 072 immediately and put in their proper storage room by maintenance supervisor. Observations were witnessed and noted by surveyor and facility maintenance supervisor

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